

## In The United States Court of Federal Claims

## Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: XI CHIN CLAN NATION et al20-1307 CLocation of Plaintiff(s)/Petitioner(s) (city/state): P.O. BOX 6666, WOODBRIDGE, VIRGINIA 22195P.O. BOX 7446, PHILADELPHIA, PENNSYLVANIA 19101, P.O. BOX 19835, PHILADELPHIA, PENNSYLVANIA 19143

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box:

P.O. BOX 19835

Street Address:

5311 Florence Avenue

City-State-ZIP:

PHILADELPHIA, PENNSYLVANIA 19143

Telephone &amp; Facsimile Numbers:

267.312.7322 & FAX: 1888.696.0367

E-mail Address:

JurisConsulOffice@gualeyamasseecourt.org

Is the attorney of record admitted to the Court of Federal Claims Bar?

☐ Yes☐ NoNature of Suit Code: 504

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: VAR

Number of Claims Involved: \_\_\_\_\_

Amount Claimed: \$

TBD (599,000,000)

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ \_\_\_\_\_

Is plaintiff a small business?

☐ Yes ☒ No

Was this action preceded by the filing of a protest before the GAO?

☐ Yes ☒ No

GAO Solicitation No. \_\_\_\_\_

If yes, was a decision on the merits rendered?

☐ Yes ☐ No

Income Tax (Partnership) Case:

Identify partnership or partnership group: \_\_\_\_\_

Takings Case:

Specify Location of Property (city/state): PHILA, PA, VA, MANASSES, HOLDEN, MASS.

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Vaccine Case:

Date of Vaccination: \_\_\_\_\_

Related Case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCFC 40.2.

☐ Yes ☒ No